

Community Health Nursing Qualifications and Job Description

Qualifications: See billing instructions for qualifications.

Job Description:

Maternity Support Services (MSS) community health nursing is focused on promoting healthy birth outcomes throughout pregnancy and the postpartum period for both mother and infant. Nursing services should be client centered and offered as part of interdisciplinary team care.

The community health nurse's role includes:

Screening: A brief, in-person evaluation to detect the presence or absence of risk factors associated with high risk pregnancy. Screening should be done at intervals throughout pregnancy and in the postpartum period for both mothers and infants.

Assessment: A nursing assessment in MSS should have increased emphasis on risk factors associated with poor birth outcomes. Purpose of assessment is to determine the extent or absence of the risk and identify client needs and level of self care. Information will be used by team to develop an individualized care plan. Topics which could be included in a nursing assessment:

- Health Perception/Health Management: i.e. breast feeding intentions, compliance with medical care i.e. hypertension, asthma, immunizations, environmental risks, health history
- Nutritional/Metabolic: i.e. anemia, weight gain, gestational diabetes,
- Elimination: i.e. Urinary tract infection, frequent urination, constipation
- Activity/Exercise: i.e. exercise routine, activity intolerance, resources
- Sleep/Rest: i.e. Adequate sleep and rest, sleep pattern disturbances
- Cognitive/Perceptual: i.e. problem solving abilities, understanding changes during pregnancy/postpartum.
- Self-perception: i.e. anxiety, fatigue, fear, loneliness
- Role/Relationships: i.e. isolation, grieving, history of altered parenting, support system
- Sexuality/Reproductive: i.e. safe sexual practices, dysfunction during pregnancy, family planning decisions
- Coping/Stress tolerance: i.e. current/past sources of stress, coping skills
- Values/Beliefs: Beliefs regarding health care, future goals, cultural practices related to parenting and health care.

Surveillance -Process of on- going assessment, monitoring and follow- up regarding a client's risk factor/s or health status with adjustment to care plan as indicated.

Health Education: Topics should be based on client need and include

- Self care during pregnancy and postpartum period including recognition of pregnancy related health problems or preterm labor
- Care of acute or chronic illness i.e. hypertension, diabetes, asthma
- Pregnancy planning and family planning methods
- Tobacco use cessation and reducing all second hand smoke exposure
- Parenting and health care for the infant including accident prevention and SIDS risk reduction
- Signs of overwhelming stress and interventions to moderate effects of stress
- Perinatal depression, symptoms and resources to address depression.

Case Management Services: Referral, advocacy, and linkage services for health care needs of mother and infant with primary medical care provider and other community resources.

Care Coordination:

- **MSS Team Participation:**
 - Providing nursing care consultation to the MSS interdisciplinary team as well as individual members of team regarding health care needs of the woman in the pregnancy cycle and her infant.
 - Participate in interdisciplinary team case conferencing, care plan development and revisions.
 - Utilize other disciplines knowledge and expertise to assist in problem solving and developing interventions.
 - Include client participation, in care plan development whenever possible.
- **Coordination with Community Providers:** Communicating and collaborating with other health care providers and community resources (i.e. medical care providers, WIC, CPS, CD treatment) will enhance accuracy and efficiency for all parties and improve client care.

Documentation:

Maintain clinical records that contain completed risk screening, nursing assessments/interventions, follow-up care and outcomes of interventions, case-conferencing notes and outcomes. Reporting of child abuse/neglect must be documented in the charts as well as any communication and follow up with Child Protective Services.

Knowledge, Skills and Abilities:

1. Effective oral and written communication skills;
2. Knowledge, skills and ability to provide maternal infant health nursing in the clinic, office, home and community setting to women and their infants during the pregnancy cycle;
3. Counseling skills to support health behavior change;

4. Knowledge skills and ability to recognize potentially dangerous situations to self in the clinic, office, home and community setting, and take appropriate action;
5. Ability to form and sustain effective relationships with clients, and community health and social service providers;
6. Ability to be flexible, manage time, resources, and client caseload;
7. Demonstrate respect and appreciation for diversity (culturally relevant, anti-bias, and multicultural);
8. Demonstrate a willingness/ability to work with the interdisciplinary MSS team to provide optimum care;
Demonstrate a willingness and ability to provide consultation and guidance to the MSS Community Health worker;
9. Knowledge of child abuse/neglect and mandated reporting law RCW.26.44.30.

Resources:

The First Steps website

FIRST-STEPS@LISTSERV.WA.GOV

DSHS Children's Administration: <http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2>

American Academy of Pediatrics

American College of Obstetrics and Gynecology

March of Dimes

NCAST Programs